

**AGENCY NAME:** \_\_\_\_\_

**PARENT/GUARDIAN:**

**AGENCY PHONE #** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School Attending: \_\_\_\_\_

What is the parent/guardian's language preference?

Check one: English\_\_\_\_ Spanish\_\_\_\_ Hmong \_\_\_\_ Other (please specify) \_\_\_\_\_

What is the child's language preference?

Check one: English\_\_\_\_ Spanish\_\_\_\_ Hmong \_\_\_\_ Other (please specify) \_\_\_\_\_

Does this child (children) participate in the free or reduced lunch program at school? Yes\_\_\_\_ No\_\_\_\_

I authorize my child to appear in any media coverage of the Back to School Store. Yes\_\_\_\_ No\_\_\_\_

**CHILD/CHILDREN'S:** Address: \_\_\_\_\_

Street

City

Zip Code

1. First Name: \_\_\_\_\_ 2. Last Name: \_\_\_\_\_

3. \_\_\_ Male 4. \_\_\_ Female 5. Age \_\_\_\_\_

6. Grade Entering in Fall \_\_\_\_\_ **MUST BE 5K-5<sup>TH</sup> GRADE**

1. First Name: \_\_\_\_\_ 2. Last Name: \_\_\_\_\_

3. \_\_\_ Male 4. \_\_\_ Female 5. Age \_\_\_\_\_

6. Grade Entering in Fall \_\_\_\_\_ **MUST BE 5K-5<sup>TH</sup> GRADE**

1. First Name: \_\_\_\_\_ 2. Last Name: \_\_\_\_\_

3. \_\_\_ Male 4. \_\_\_ Female 5. Age \_\_\_\_\_

6. Grade Entering in Fall \_\_\_\_\_ **MUST BE 5K-5<sup>TH</sup> GRADE**

I, \_\_\_\_\_, hereby authorize representatives of the Back to School Store Coalition to check any records or information about my financial situation, household composition, or any other necessary information to determine eligibility for the Back to School Store supplies.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

Service League BTSS/19